MARICOPA INTEGRATED HEALTH SYSTEMS HEALTH PLANS
PROTOCOL

SUBJECT: TENS (Transcutaneous Electrical Nerve Stimulator) APPLIES TO: MHP☒ MLTCP☒ MSSP☒ HEALTHSELECT☒	Protocol #: PA P218.01 Protocol Pages: 1 Attachments: Yes☐ No☒ Initial Effective Date: June 1999 Latest Review Date: May 2002

MIHS HEALTH PLANS APPROVALS:

Director, Medical Management:_____Date:_____

Medical Director:_____Date:_____

PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to TENS (Transcutaneous Electrical Nerve Stimulator).

PROTOCOL:

A. The prior-authorization specialist may approve if the following is present:

1. Chronic, intractable pain from a physical cause of at least three (3) months duration **OR** acute post-operative pain for up to 30 days from the date of surgery;

2. Pain is of a chronic intractable musculoskeletal or neuropathic origin (i.e. chronic abdominal or pelvic pain not applicable, *etc*.);

3. The pain has not responded sufficiently to typical conservative non-opioid medical modalities, such as NSAIDs, acetaminophen, and ASA **and**

4. A physician or physical therapist to determine the effectiveness of the TENS in modulating pain must monitor the one month trial of TENS.

B. For MSSP only: approved only for post operative pain.

Note: Please have the TENS need assessed by the MIHS Therapy Department. If the request meets criteria, the MIHS Therapy Department can request the unit directly from MMCS DME contractor as TENS are capitated items. TENS should be delivered to MIHS Therapy Department, who will provide the patient with the appropriate instruction of use.

Note: The initial authorization for TENS will be for a 30 day trial period after which a physician for effectiveness of pain modulation must evaluate the patient.

B. This criteria is a guideline for prior authorization and does not represent a standard of practice or care.

C. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage under guidelines the specific plan.

D. If requirements are not met, Medical Director review is required.